#### APPLICATION INSTRUCTIONS

Per the SC Code of Laws, Section 40-65-10, in order to safeguard public welfare, health and property and to promote public good, any person practicing or offering to practice soil classifying, privately or in public service, shall be required to submit evidence that he/she is qualified to practice and shall become registered as hereinafter provided. It shall be unlawful for any person to practice soil classifying or to use the term "Soil Classifier" unless duly licensed under the provisions of this Act.

### I. PERSONAL DATA

Furnish all information requested. Please indicate your preferred mailing address.

## II. EDUCATION AND EXPERIENCE

Please have a certified copy of your college transcripts sent directly to this office for completion of your registration file in order to qualify meeting criteria under the "Education" requirement in our law.

"Experience" refers to employment as a soil classifier or performing soil classifying work under the direct supervision of a registered soil classifier, or other experience acceptable to the Department. Your record of experience is a part of your application and is covered by your oath. Be sure to include all requested information (including a full address in order to process the Employment Verification for your registration file).

## III. REFERENCES

A reference questionnaire form is provided on the back page of this application for your convenience. It is your responsibility as an applicant to photocopy this form and forward these to your named references. They must be instructed to mail the completed questionnaire directly to the Department as soon as it is completed. If reference questionnaires are not received within three (3) months of the date of receipt of the application, your application may be rejected. The questionnaire must be fully completed and signed. Please note that at least three (3) of the references must be registered soil classifiers or soil scientists.

## IV. FEES

Please remit the \$25.00 application fee with your completed application. A full schedule of fees is listed below.

## V. EXAM

All applicants for registration as a Soil Classifier or a Soil Classifier-In-Training must successfully complete the pertinent sections of the ARCPACS Examination (this requirement may be waived if you have passed an examination in another state where you are currently licensed – please see below for details).

## IF YOU ARE CURRENTLY REGISTERED IN ANOTHER STATE PLEASE NOTE:

We will take qualifications met in another state into consideration for licensure in SC. Along with the completed application, five professional references, and certified copy of your college transcripts, please submit the following materials for your application file:

- A copy of your current license in all states where you are registered.
- A copy of your passing score report for any examinations you have passed in other states.

## SC Soil Classifiers Registration Program Schedule of Fees

## PLEASE MAKE ALL CHECKS PAYABLE TO: SCDNR

Application Processing Fee	\$25.00
Registration Fee – Soil Classifier	\$100.00
Application Fee – Soil Classifier-In-Training	\$20.00
Annual Renewal Fee	\$50.00 retired;
	\$100.00 active
Late Payment Penalty Fee	\$20.00
Duplicate Certificate Fee	\$20.00



## SC DEPARTMENT OF NATURAL RESOURCES LAND. WATER AND CONSERVATION DIVISION SOIL CLASSIFIERS REGISTRATION PROGRAM 1000 ASSEMBLY STREET, P.O. BOX 167 **COLUMBIA, SC 29202-0167** TELEPHONE: (803) 734-9131

## APPLICATION FOR REGISTRATION TO PRACTICE

SOIL CLASSIFYING.	
All information requested on this form must be typewritten or printed in black ink.	_
CHECK APPROPRIATE BOX. ENCLOSE PRESCRIBED FEE LISTED ON THE INSTRUCTION SHEET. MAKE CHECK PAYABLE TO: SCDNR. APPLICATION FEES ARE NON-REFUNDABLE (SEE SC CODE OF LAWS 40-65-100, 130)	
Must have fifteen or more semester hours of approved soil courses as recognized by the Department successfully passed the fundamentals portion of the ARCPACS Examination, and has one of the follow additional qualifications:  (a) has earned a Bachelor's Degree or equivalent in a curriculum approved by the Department; OR  (b) has completed a curriculum not approved by the Department and who has a specific record of four years of soil classification experience, of which two (2) years must be under the supervision of registered soil classifier or someone who meets the minimum academic and experience requirements a registered soil classifier and who passed an examination in the fundamentals of soil classification.	(4) of a

## REGISTRATION AS PROFESSIONAL SOIL CLASSIFIER

Must have fifteen or more semester hours of approved soil courses as recognized by the Department, completed two (2) or more years of training under the direct supervision of a registered soil classifier or other person approved by the Department, successfully passed the fundamentals and professional practice sections of the ARCPACS Examination (or other state registration examination), and have one of the following qualifications:

- has earned a Bachelor's Degree or equivalent in a curriculum approved by the Department and with a specific record of two (2) years or more experience of a grade and character which indicates to the Department that the applicant is competent to practice soil classifying; or
- (b) has earned a Bachelor's Degree or equivalent in one of the natural sciences and has six (6) years or more experience in soil classifying work of a character and grade which indicates to the Department that the applicant is competent to practice soil classifying; or
- holds a valid soil classifier-in-training certificate with a specific record of two (2) years or more (c) experience as a soil classifier-in-training of a grade and character which indicates to the Department that the applicant is competent to practice soil classifying; or
- is an extension specialist, researcher, or teacher of soils in an college or university and has two (2) (d) or more years of soil classifying experience of a character and grade which indicates to the Department that the applicant is competent to practice soil classifying.

AFFIX RECOGNIZABLE PASSPORT STYLE PHOTOGRAPH WITH FACE NOT LESS THAN THREE-QUARTERS (3/4) INCH WIDE.

, 6
Action:
Action:
Action:
Reg. No
Effective Date:
OFFICIAL USE ONLY

PERSO	ONAL DATA: Social	Security Number	:	==	
1.	Full Name (As you wish i	it to appear on Cer	tificate of Registration):		
(First Na	me)	(Middle)		(Last)	(Jr./Sr.)
2.	Please check box to indicate	ate preferred maili	ng address:		
	Business Name:_				
	Address:				
	City:		Sta	ate:Zi	p:
	Telephone: (	)	FA	ΔX:()	
	E-mail:				
	Residence Addre	ss:			
	City:		State:_		Zip:
	Telephone: (	)	C	ellular Telephone: (	)
3.	Date of Birth:		Place of Birth (City/St	ate/Country):	
4.	Citizen of (State or Foreig	gn Country):	5. 9	State of Residence:	
6.	Are you a registered as a following:	Professional Soil (	Classifier or Soil Scientists	elsewhere?NoY	es. If yes, show the
Name (	of State or Country	* Basis	Registration Date	Certificate/License Number	Expiration Date
7.	Grandfathered. If you too your passing score report	k a written examin with this application		uccessfully completed the	exam and provide a copy of

8. Have you ever beeNoYe	en refused a licens s. If yes, please e		tion or	other dis	ciplinary p	proceeding	s filed ag	ainst you?	
9. Have you ever bee	en convicted of a	felony:No		Yes. If ye	s, please e	xplain:			
10. Have you been jud	lged mentally inc	ompetent by a co	ourt of	compete	nt jurisdic	tion?	No	Yes If yes	, please explain:
11. Education – Give i	names and location	on of college or u	univers	sity. CER	TIFIED C	OPY OF T	ΓRANSC	RIPT REQ	UIRED.
Name of Institution	Major Field	d of Study	Yea Con	rs ipleted	Credit I Comple		Type of	f Degree	Year Graduated
Chief Undergraduate Coll	lege Subjects	Number of Country Hours Compl		Chief (	Graduate	College Su	ıbjects	Number Complet	of Credit Hours
12. REFERENCES – Inot relatives of me your qualifications	embers of this Dep	partment or the S	SC Soi	l Classifi	ers Adviso	ory Counci	l, who ha	ve a defini	te knowledge of
Full Name	Address Residen	(Business or ce)		Occupa	ation	State of and Lice Number			itionship to licant

## 13. EXPERIENCE.

Dates of Employment	Description of Duties/Responsibilities	Identify Years/Months as Subordinate	Identify Years/Months in Responsible Charge	Name and mailing address of direct supervisor. Employment will be verified.

Total work time:	V	Months
Total work time.	Years	MOHUIS

## SC Code of Regulations, Chapter 116.7 - Code of Ethics

A. In order to establish and maintain a high standard of integrity, skills and practice in the profession of soil classifying, the following code of ethics shall be binding upon every person holding a certificate of registration as a Professional Soil Classifier. The Soil Classifier who holds a certificate of registration from the Department is charged with having knowledge of 1976 Code Section 40-65-10 through 40-65-260 and the code of ethics hereinafter provided. The Professional Soil Classifier:

- (1) Shall be forthright and candid in statements or written responses to the Department or its representatives on matters pertaining to professional conduct.
- (2) Will be guided in all his or her professional relations by the highest standards of integrity.
- (3) Will avoid any act tending to promote self interests at the expense of the dignity and standings of the profession.
- (4) Will undertake soil classifying assignments only when qualified by training or experience; and will engage, or advise engaging other experts and specialists whenever the client's or employer's interests are best served by such service.
- (5) Will not disclose confidential information concerning the business affairs, procedures or processes of a present or past client or employer.
- (6) Will inform clients or employers of any business connections, interests or circumstances which may be deemed to influence professional judgement or services.
- (7) Will not accept compensation from parties doing business with clients or employees in connection with work for which he or she is responsible.
- (8) Will not collect compensation, financial or otherwise, from more than one interested party for the same service pertaining to the same work without full disclosure and consent of the interested parties.
- (9) Will inform the Department of any suspected unethical or illegal practice by another soil classifier.
- (10) Will protect the soil classifying profession from misrepresentation and misunderstanding.
- (11) Will not allow the use of his or her name in an enterprise of questionable nature or objective.
- (12) Will not associate professionally with the individuals who do not comply with this code of ethics.
- (13) Will not indulge in exaggerated, misleading or false advertising or publicity.
- (14) Will endeavor to extend public knowledge and appreciation to soil classifying, it achievements and its potential.
- (15) Is encouraged to seek opportunities to be of service in civic affairs and work for the advancement and well-being of the community.
- (16) Will corporate in increasing the effectiveness of the profession by exchanging non confidential information with other professional soil classifiers.
- (17) Is encouraged to join professional organizations, actively participate at their meetings and encourage fellow classifiers in the same endeavor.
- (18) Will endeavor to provide opportunities for the professional development of soil classifiers.
- B. Any violation of this Code of Ethics shall constitute a ground for disciplinary action.

I hereby certify that I have read, understand, and will comply with the Code of Ethics as described in the SC Code of Regulations, Section 116.7

Signature:			
Print Name:	 	 	
Date:			

### INFORMATION FOR APPLICANT

It is unlawful for any person to use the title "Soil Classifier" or to engage in any work which comes under the provisions of the Act regulating the practice of Professional Soil Classifiers unless he/she holds a <u>current license</u> issued by this Department.

Carefully read all information released by the Department pertaining to registration and determine your ability to qualify.

### **PLEDGE**

I HEREBY CERTIFY THAT ALL INFORMATION DISCLOSED IN THIS FORM IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE; I HAVE FAMILIARIZED MYSELF WITH THE PROVISIONS OF THE SC CODE OF LAWS, SECTION 40, CHAPTER 65, TO REGULATE THE PRACTICE OF SOIL CLASSIFYING, AND DO HEREBY SUBSCRIBE TO AND AGREE TO ABIDE BY THE PROVISIONS THEREIN AND RELATED RULES AND REGULATIONS PROMULGATED BY THE DEPARTMENT.

AND REGULATIONS PROMULGATED BY THE DEPARTMENT. The SC Code of Laws for Soil Classifiers is available on-line at <a href="http://www.scstatehouse.net/code/t40c065.htm">http://www.scstatehouse.net/code/t40c065.htm</a> . The SC Code of Regulations for Soil Classifiers is available on-line at http://www.scstatehouse.net/coderegs/c116.htm . Signature of Applicant: **AFFIDAVIT** (To be made before Notary Public or official qualified by law to administer oaths) STATE OF \_\_\_\_\_\_, COUNTY OF \_\_\_\_\_\_, On the \_\_\_\_\_th Day of \_\_\_\_ \_\_\_\_\_, before me personally appeared, (Year) (Month) known to me to be the person herein described, and signed (Name of applicant) the foregoing application form, and on oath swears (or affirms) that all the statements herein made are true to the best of His/her belief and knowledge. (Print full name of notary) (Signature of notary) **Notary Seal** My commission expires: SIGNATURE OF APPLICANT (TO BE SIGNED IN PRESENCE OF NOTARY)

Please photocopy this form and mail or FAX it to the five (5) individuals listed as your Professional References (three [3] of them must be registered soil classifiers or soil scientists). They can return the completed form directly to me by mail or FAX.

# SOUTH CAROLINA SOIL CLASSIFIERS REGISTRATION PROGRAM CONFIDENTIAL REFERENCE INFORMATION REGARDING APPLICANT

<b>Applicant Complete Thi</b>		<b>Date:</b>		
		of		
(Name)		(Ac	ldress)	
Carolina and has submitted The Soil Classifiers Law and accurate answers to t	submitted an application for reged your name as a reference. regulates the practice of Soil Clasche following questions. A prompt tional information and/or commen	sification in the S response will be	State of South (	Carolina. Please give complete
1. How long have you kno	own the applicant?			
2. Was the applicant ever	under your direct supervision?	Yes	No	
From:		To:		
	ent of Soil Classifying supervision perform Soil Classifying services f		No	
4. Please give your opinion	on of the applicant's abilities and c	ompetency in the	following area	s:
	Excellent	Satisfactory		Unsatisfactory
Technical Knowledge				
Professional Experience				
Professional Reputation				
5. Do you know of anythi Yes No  If yes, please explain:	ng that, in your opinion, might pre	clude this applica	ant from being	a competent Soil Classifier?
Name:		Title:		
Address:		Profession:_		
	ed Soil Classifier or Soil Scientist?		_Yes. If yes, ]	please affix seal to this form
and provide : State:	Registration Number:			
Signature:			Date:	

THIS SIDE TO BE	E USED FOR ADDITIONAL INFORMATION AND/OR COMMENTS ONLY
Please return form to:	South Carolina Department of Natural Resources
	Soil Classifiers Registration Program
	1000 Assembly Street, P.O. Box 167 Columbia, SC 29202

If you have any questions, please contact Sherri Moorer by telephone at (803) 734-9131 or by E-mail at MoorerS@dnr.sc.gov

Thank you for your time and assistance!